



ANNUAL STATEMENT  
For the Year Ending December 31, 2007  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI 48202 (City or Town, State and Zip Code)			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI 48202 (City or Town, State and Zip Code)			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI 48202 (City or Town, State and Zip Code)			
Primary Location of Books and Records	DETROIT, MI 48202 (City or Town, State and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Internet Website Address	TOTALHEALTHCAREONLINE.COM		(313)871-7879 (Area Code) (Telephone Number) (Extension)			
Statutory Statement Contact	BRIAN EFRUSY, CFO (Name)		(313)871-7406 (Area Code) (Telephone Number) (Extension)			
	BEFRUSY@THC-ONLINE.COM (E-Mail Address)		(313)871-7406 (Fax Number)			

OFFICERS

Name	Title
LYLE EDWARD ALGATE	EXECUTIVE DIRECTOR
GERTRUDE HELEN MINKIEWICZ	SECRETARY
KATHLEEN THERESA KATHER	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
DOUGLAS PAUL BAKER	CHAIRPERSON
RUBY OCTAVIA COLE	VICE CHAIRPERSON

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT  
RUBY OCTAVIA COLE  
MARY JANE CLAY  
DOUGLAS PAUL BAKER  
KATHLEEN THERESA KATHER  
GERTRUDE HELEN MINKIEWICZ

State of Michigan  
County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
LYLE EDWARD ALGATE	GERTRUDE HELEN MINKIEWICZ	KATHLEEN THERESA KATHER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
EXECUTIVE DIRECTOR	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008

a. Is this an original filing? Yes[X] No[ ]

b. If no, 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals .....	707					707
0299998 Premium due and unpaid not individually listed .....						
0299999 Total group .....						
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) ...	707					707

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
Capitation Arrangements Receivables						
ST JOHN HEALTH SYSTEMS .....	463,733					463,733
0499998 Capitation Arrangements Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangements Receivables .....	463,733					463,733
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
Other Receivables						
MEDICAID MATERNITY .....	1,066,365					1,066,365
MEDICAID PSYCHOTROPIC REIMBURSEMENT .....	190,015					190,015
0699998 Other Receivables - Not Individually Listed .....	500					500
0699999 Subtotal - Other Receivables .....	1,256,880					1,256,880
0799999 Gross health care receivables .....	1,720,613					1,720,613

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
RX AMERICA .....	955,323					955,323
0199999 Total - Individually Listed Claims Unpaid .....	955,323					955,323
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	4,749,702					4,749,702
0499999 Subtotals .....	5,705,025					5,705,025
0599999 Unreported claims and other claim reserves .....						13,930,372
0699999 Total Amounts Withheld .....						159,963
0799999 Total Claims Unpaid .....						19,795,360
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						1,719,379

**21     Exhibit 5 - Amounts Due From Parent ..... NONE**

**22     Exhibit 6 - Amounts Due to Parent ..... NONE**

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups .....	15,588,466	12.765	666,466	1,221.730		15,588,466
2.	Intermediaries .....						
3.	All other providers .....						
4.	Total capitation payments .....	15,588,466	12.765	666,466	1,221.730		15,588,466
Other Payments:							
5.	Fee-for-service .....	11,600,315	9.499	X X X	X X X		11,600,315
6.	Contractual fee payments .....	94,390,241	77.292	X X X	X X X		94,390,241
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....	541,900	0.444	X X X	X X X		541,900
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	106,532,456	87.235	X X X	X X X		106,532,456
13.	Total (Line 4 plus Line 12) .....	122,120,922	100.000	X X X	X X X		122,120,922

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	Total .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
NAIC Group Code 1238 BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	54,270	22							54,248	
2. First Quarter	55,384	28							55,356	
3. Second Quarter	56,548	28							56,520	
4. Third Quarter	55,503	24							55,479	
5. Current Year	54,551	29							54,522	
6. Current Year Member Months	666,466	314							666,152	
Total Member Ambulatory Encounters for Year:										
7. Physician	340,733	769							339,964	
8. Non-Physician	223,888	678							223,210	
9. Total	564,621	1,447							563,174	
10. Hospital Patient Days Incurred	28,155	13							28,142	
11. Number of Inpatient Admissions	7,059	5							7,054	
12. Health Premiums Written (b)	163,094,891	86,050							163,008,841	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	163,094,891	86,050							163,008,841	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,120,922	150,211							121,970,711	
18. Amount Incurred for Provision of Health Care Services	129,192,335	153,546							129,038,789	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 1238 NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	54,270	22							54,248	
2. First Quarter	55,384	28							55,356	
3. Second Quarter	56,548	28							56,520	
4. Third Quarter	55,503	24							55,479	
5. Current Year	54,551	29							54,522	
6. Current Year Member Months	666,466	314							666,152	
Total Member Ambulatory Encounters for Year:										
7. Physician	340,733	769							339,964	
8. Non-Physician	223,888	678							223,210	
9. Total	564,621	1,447							563,174	
10. Hospital Patient Days Incurred	28,155	13							28,142	
11. Number of Inpatient Admissions	7,059	5							7,054	
12. Health Premiums Written (b)	163,094,891	86,050							163,008,841	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	163,094,891	86,050							163,008,841	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,120,922	150,211							121,970,711	
18. Amount Incurred for Provision of Health Care Services	129,192,335	153,546							129,038,789	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE A - VERIFICATION BETWEEN YEARS  
Real Estate

1.	Book/adjusted carrying value, December 31, prior year .....	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11 .....	
2.2	Totals, Part 3, Column 8 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14 .....	
4.2	Totals, Part 3, Column 10 .....	
5.	Total profit (loss) on sales, Part 3, Column 15 .....	
6.	Increase (decrease) by foreign exchange adjustment .....	
6.1	Totals, Part 1, Column 12 .....	
6.2	Totals, Part 3, Column 9 .....	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13 .....	
8.	Book/adjusted carrying value at the end of current period .....	
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	

SCHEDULE B - VERIFICATION BETWEEN YEARS  
Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column) .....	

SCHEDULE BA - VERIFICATION BETWEEN YEARS  
Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3) .....	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Class 1 .....											
1.2	Class 2 .....											
1.3	Class 3 .....											
1.4	Class 4 .....											
1.5	Class 5 .....											
1.6	Class 6 .....											
1.7	TOTALS .....											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1 .....											
2.2	Class 2 .....											
2.3	Class 3 .....											
2.4	Class 4 .....											
2.5	Class 5 .....											
2.6	Class 6 .....											
2.7	TOTALS .....											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1 .....											
3.2	Class 2 .....											
3.3	Class 3 .....											
3.4	Class 4 .....											
3.5	Class 5 .....											
3.6	Class 6 .....											
3.7	TOTALS .....											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1 .....											
4.2	Class 2 .....											
4.3	Class 3 .....											
4.4	Class 4 .....											
4.5	Class 5 .....											
4.6	Class 6 .....											
4.7	TOTALS .....											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1 .....											
5.2	Class 2 .....											
5.3	Class 3 .....											
5.4	Class 4 .....											
5.5	Class 5 .....											
5.6	Class 6 .....											
5.7	TOTALS .....											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	16,036,677					16,036,677	100.00	X X X	X X X	16,036,677	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	16,036,677					(b) 16,036,677	100.00	X X X	X X X	16,036,677	
10.8	Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	15,252,706					X X X	X X X	15,252,706	100.00	15,252,706	
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	15,252,706					X X X	X X X	(b) 15,252,706	100.00	15,252,706	
11.8	Line 11.7 as a % of Col. 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	X X X
12.8	Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5\* designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 TOTALS											
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	16,036,677					16,036,677	100.00	X X X	X X X	16,036,677	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	16,036,677					16,036,677	100.00	X X X	X X X	16,036,677	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	15,252,706					X X X	X X X	15,252,706	100.00	15,252,706	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	15,252,706					X X X	X X X	15,252,706	100.00	15,252,706	
11.8 Line 11.7 as a % of Column 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	16,036,677					16,036,677	100.00	15,252,706	100.00	16,036,677	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6								X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10								X X X	X X X	X X X	



SCHEDULE DA - PART 2  
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, December 31 of prior year .....	14,252,706	.....	.....	14,252,706	.....
2.	Cost of short-term investments acquired .....	784,538	.....	.....	784,538	.....
3.	Increase (decrease) by adjustment .....	(567)	.....	.....	(567)	.....
4.	Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5.	Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6.	Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7.	Book/adjusted carrying value, current year .....	15,036,677	.....	.....	15,036,677	.....
8.	Total valuation allowance .....	.....	.....	.....	.....	.....
9.	Subtotal (Lines 7 plus 8) .....	15,036,677	.....	.....	15,036,677	.....
10.	Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11.	Statement value (Lines 9 minus 10) .....	15,036,677	.....	.....	15,036,677	.....
12.	Income collected during year .....	784,538	.....	.....	784,538	.....
13.	Income earned during year .....	768,462	.....	.....	768,462	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40	Schedule DB Part A Verification .....	NONE
40	Schedule DB Part B Verification .....	NONE
41	Schedule DB Part C Verification .....	NONE
41	Schedule DB Part D Verification .....	NONE
41	Schedule DB Part E Verification .....	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets .....	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets .....	NONE
44	Schedule S - Part 1 - Section 2 .....	NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
92711 ...	35-1817054 ...	11/01/2007	HCC LIFE INS CO .....	MINNEAPOLIS, MN .....		
0599999 Total - Accident and Health, Non-Affiliates .....						
0699999 Totals - Accident and Health .....						
0799999 Totals - Life, Annuity and Accident and Health .....						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
92711 ...	35-1817054 ...	11/01/2007	HCC LIFE INS CO .....	MINNEAPOLIS, MN .....	SSL/L/I .....	248,869	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Authorized General Account - Non-Affiliates .....						248,869	.....	.....	.....	.....	.....	.....
0399999 Total - Authorized General Account .....						248,869	.....	.....	.....	.....	.....	.....
0799999 Total - Authorized and Unauthorized General Account .....						248,869	.....	.....	.....	.....	.....	.....
1599999 Totals .....						248,869	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums		7	68	72	46
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	249	208	188	164	376
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses				71	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	51,429,687		51,429,687
2. Accident and health premiums due and unpaid (Line 13) .....	707		707
3. Amounts recoverable from reinsurers (Line 14.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	1,746,121		1,746,121
6. Total assets (Line 26) .....	53,176,515		53,176,515
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	19,795,360		19,795,360
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,719,379		1,719,379
9. Premiums received in advance (Line 8) .....	8,063		8,063
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	293,721		293,721
13. Total liabilities (Line 22) .....	21,816,523		21,816,523
14. Total capital and surplus (Line 31) .....	31,359,992	X X X	31,359,992
15. Total liabilities, capital and surplus (Line 32) .....	53,176,515		53,176,515
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

		Direct Business only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
States, Etc.							
1.	Alabama (AL) .....						
2.	Alaska (AK) .....						
3.	Arizona (AZ) .....						
4.	Arkansas (AR) .....						
5.	California (CA) .....						
6.	Colorado (CO) .....						
7.	Connecticut (CT) .....						
8.	Delaware (DE) .....						
9.	District of Columbia (DC) .....						
10.	Florida (FL) .....						
11.	Georgia (GA) .....						
12.	Hawaii (HI) .....						
13.	Idaho (ID) .....						
14.	Illinois (IL) .....						
15.	Indiana (IN) .....						
16.	Iowa (IA) .....						
17.	Kansas (KS) .....						
18.	Kentucky (KY) .....						
19.	Louisiana (LA) .....						
20.	Maine (ME) .....						
21.	Maryland (MD) .....						
22.	Massachusetts (MA) .....						
23.	Michigan (MI) .....						
24.	Minnesota (MN) .....						
25.	Mississippi (MS) .....						
26.	Missouri (MO) .....						
27.	Montana (MT) .....						
28.	Nebraska (NE) .....						
29.	Nevada (NV) .....						
30.	New Hampshire (NH) .....						
31.	New Jersey (NJ) .....						
32.	New Mexico (NM) .....						
33.	New York (NY) .....						
34.	North Carolina (NC) .....						
35.	North Dakota (ND) .....						
36.	Ohio (OH) .....						
37.	Oklahoma (OK) .....						
38.	Oregon (OR) .....						
39.	Pennsylvania (PA) .....						
40.	Rhode Island (RI) .....						
41.	South Carolina (SC) .....						
42.	South Dakota (SD) .....						
43.	Tennessee (TN) .....						
44.	Texas (TX) .....						
45.	Utah (UT) .....						
46.	Vermont (VT) .....						
47.	Virginia (VA) .....						
48.	Washington (WA) .....						
49.	West Virginia (WV) .....						
50.	Wisconsin (WI) .....						
51.	Wyoming (WY) .....						
52.	American Samoa (AS) .....						
53.	Guam (GU) .....						
54.	Puerto Rico (PR) .....						
55.	U.S. Virgin Islands (VI) .....						
56.	Northern Mariana Islands (MP) .....						
57.	Canada (CN) .....						
58.	Aggregate other alien (OT) .....						
59.	TOTALS .....						

NONE



SCHEDULE Y (Continued)  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95644 ..	.. 38-2018957 ..	TOTAL HEALTH CARE INC .....	.....	.... (3,819,089) .....	.....	.....	.... 3,645,083 .....	.....	.....	.... 3,819,089 .....	.... 3,645,083 .....	.....
.. 95134 ..	.. 33-0603319 ..	TOTAL HEALTH CHOICE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 12326 ..	.. 38-3240485 ..	TOTAL HEALTH CARE USA INC .....	.....	.... 3,819,089 .....	.....	.....	.... (3,645,083) .....	.....	.....	.... (3,819,089) .....	.... (3,645,083) .....	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Please refer to Footnote 10 regarding an explanation of the amounts noted in columns 5 and 11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
APRIL FILING
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
[Barcode]
95644200736000000 2007 Document Code: 360

Health Life Supplement
[Barcode]
95644200720500000 2007 Document Code: 205

Health Property / Casualty Supplement
[Barcode]
95644200720700000 2007 Document Code: 207

Schedule SIS
[Barcode]
95644200742000000 2007 Document Code: 420

Medicare Part D Coverage Supplement
[Barcode]
95644200736500000 2007 Document Code: 365

LTC Experience Reporting Form C
[Barcode]
95644200733000000 2007 Document Code: 330

Health Life Supplement - LHA Guaranty Association Reconciliation
[Barcode]
95644200721100000 2007 Document Code: 211

Health Property / Casualty Supplement
[Barcode]
95644200720700000 2007 Document Code: 207

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704. ....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....



95644200736500000

**Medicare Part D Coverage Supplement**  
**(Net of Reinsurance)**  
**(To be Filed By March 1)**

NAIC Group Code: 1238

NAIC Company Code: 95644

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		XXX		XXX	
1.12	Without Reinsurance Coverage		XXX		XXX	
1.13	Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		XXX	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		XXX		XXX	XXX
2.12	Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		XXX		XXX	XXX
3.12	Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		XXX		XXX	XXX
5.12	Without Reinsurance Coverage		XXX		XXX	XXX
5.13	Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2	Supplemental Benefits		XXX		XXX	XXX
6.	Total Premiums		XXX		XXX	
7.	Claims Paid					
7.1	Standard Coverage	NONE				
7.11	With Reinsurance Coverage				XXX	
7.12	Without Reinsurance Coverage				XXX	
7.2	Supplemental Benefits		XXX		XXX	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		XXX		XXX	XXX
8.12	Without Reinsurance Coverage		XXX		XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		XXX		XXX	XXX
9.12	Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits		XXX		XXX	XXX
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		XXX		XXX	XXX
10.12	Without Reinsurance Coverage		XXX		XXX	XXX
10.2	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims		XXX		XXX	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	XXX		XXX		
12.2	Reimbursements Received but Not Applied - change	XXX		XXX		
12.3	Reimbursements Receivable - change	XXX		XXX		XXX
12.4	Healthcare Receivables - change	XXX		XXX		XXX
13.	Aggregate Policy Reserves - change					XXX
14.	Expenses Paid		XXX		XXX	
15.	Expenses Incurred		XXX		XXX	XXX
16.	Underwriting Gain/Loss		XXX		XXX	XXX
17.	Cash Flow Results	XXX	XXX	XXX	XXX	

INDEX TO HEALTH  
ANNUAL STATEMENT

Analysis of Nonadmitted Assets .....	16
Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	23
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	24
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	25
Overflow Page For Write-ins .....	55
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	31
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Verification Between Years .....	31
Schedule BA - Part 1 .....	E06
Schedule BA - Part 2 .....	E07
Schedule BA - Verification Between Years .....	31
Schedule D - Part 1 .....	E08
Schedule D - Part 1A - Section 1 .....	33
Schedule D - Part 1A - Section 2 .....	36
Schedule D - Part 2 - Section 1 .....	E09
Schedule D - Part 2 - Section 2 .....	E10
Schedule D - Part 3 .....	E11
Schedule D - Part 4 .....	E12
Schedule D - Part 5 .....	E13
Schedule D - Part 6 - Section 1 .....	E14
Schedule D - Part 6 - Section 2 .....	E14
Schedule D - Summary By Country .....	32
Schedule D - Verification Between Years .....	32
Schedule DA - Part 1 .....	E15
Schedule DA - Part 2 - Verification Between Years .....	39
Schedule DB - Part A - Section 1 .....	E16
Schedule DB - Part A - Section 2 .....	E16
Schedule DB - Part A - Section 3 .....	E17
Schedule DB - Part A - Verification Between Years .....	40
Schedule DB - Part B - Section 1 .....	E17
Schedule DB - Part B - Section 2 .....	E18
Schedule DB - Part B - Section 3 .....	E18
Schedule DB - Part B - Verification Between Years .....	40
Schedule DB - Part C - Section 1 .....	E19
Schedule DB - Part C - Section 2 .....	E19
Schedule DB - Part C - Section 3 .....	E20
Schedule DB - Part C - Verification Between Years .....	41
Schedule DB - Part D - Section 1 .....	E20

INDEX TO HEALTH  
ANNUAL STATEMENT

Schedule DB - Part D - Section 2 ..... E21

Schedule DB - Part D - Section 3 ..... E21

Schedule DB - Part D - Verification Between Years ..... 41

Schedule DB - Part E - Section 1 ..... E22

Schedule DB - Part E - Verification ..... 41

Schedule DB - Part F - Section 1 ..... 42

Schedule DB - Part F - Section 2 ..... 43

Schedule E - Part 1 - Cash ..... E23

Schedule E - Part 2 - Cash Equivalents ..... E24

Schedule E - Part 3 - Special Deposits ..... E25

Schedule S - Part 1 - Section 2 ..... 44

Schedule S - Part 2 ..... 45

Schedule S - Part 3 - Section 2 ..... 46

Schedule S - Part 4 ..... 47

Schedule S - Part 5 ..... 48

Schedule S - Part 6 ..... 49

Schedule T - Part 2 - Interstate Compact ..... 51

Schedule T - Premiums and Other Considerations ..... 50

Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group ..... 52

Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates ..... 53

Statement of Revenue and Expenses ..... 4

Summary Investment Schedule ..... 26

Supplemental Exhibits and Schedules Interrogatories ..... 54

Underwriting and Investment Exhibit - Part 1 ..... 8

Underwriting and Investment Exhibit - Part 2 ..... 9

Underwriting and Investment Exhibit - Part 2A ..... 10

Underwriting and Investment Exhibit - Part 2B ..... 11

Underwriting and Investment Exhibit - Part 2C ..... 12

Underwriting and Investment Exhibit - Part 2D ..... 13

Underwriting and Investment Exhibit - Part 3 ..... 14